

COMPHIBGRU THREE INSTRUCTION 6460.1A

Subj: PIER-SIDE SAME DAY SURGERY (SDS) ABOARD AMPHIBIOUS ASSAULT SHIPS

Ref: (a) COMPHIBGRUTHREEINST 6440.1E
(b) COMNAVSURFPACINST 6000.1G

Encl: (1) American Society of Anesthesiologists (ASA)
Classification System
(2) List of Approved Procedures for Pier-side Same Day Surgery
(3) Command Approval Form
(4) Doctor's Orders (SF-508 Overprint), Pre-op Orders
(5) Abbreviated Medical Record (SF-539)
(6) Request for Administration of Anesthesia and Performance of Operations and Other Procedures (SF-522)
(7) Doctor's Orders (SF-508 Overprint), Post-op Orders

1. Purpose. To establish policies and procedures for the provision of minor, elective same day surgeries aboard LHA/LHD class amphibious assault ships.

2. Background. COMPHIBGRU THREE LHA/LHD class ships and COMPHIBRON's (through their respective Fleet Surgical Teams) are encouraged to provide consult services, and same day, pier-side surgical services on a recurring basis (i.e., once per week). Enclosures (1) through (7) provide basic guidelines for the provision of those services. Surgeries should be offered only if staffing is sufficient and only if the medical spaces involved are free from structural repairs, maintenance, hot or noisy work that would preclude the delivery of quality medical care. Pier-side same day surgery, if done properly, will improve quality of life for our Sailors and Marines, decrease lost work hours of the ship's crew, while maximizing the pre-deployment medical readiness, training and teamwork of fleet medical units. This will ensure the operating rooms and surgical staff are at a C-1 state of readiness at all times.

3. Discussion

a. General

(1) To ensure maximum safety and state of the art quality medical practice, all patient care standards shall be consistent

with the requirements of reference (b). The SDS protocol should result in the smooth, efficient delivery of service which will provide convenient and safe surgical care to a carefully selected group of patients.

(2) During the delivery of pier-side SDS, the members of the Fleet Surgical Team involved shall be responsible to the ship's Commanding Officer and his/her Senior Medical Officer.

(3) The onboard Fleet Surgical Team Division Officer and/or the Operating Room Nurse shall be responsible for scheduling all patients in the surgical consult clinic, for actual surgical appointments and for follow-up appointments after surgery.

(4) The Operating Target (OPTAR) funds of the ships Medical Department will be used to provide the consumables used in providing SDS. Requests for OPTAR augmentation, if needed, should be forwarded by Navy message to COMNAVSURFPAC/N01M with justification.

b. Patient Eligibility and Selection Criteria

(1) All active duty personnel are eligible for Pier-side Same Day Surgery. The intent, however, is to give precedence to those active duty persons assigned to the following:

(a) The ship providing these services,

(b) The Amphibious Ready Group within which the ship is attached, and

(c) Ships on the waterfront at Naval Station, 32nd Street; in that order of preference.

(2) Healthy adults, American Society of Anesthesiology Class (ASA-I), or those with mild to moderate controlled diseases, American Society of Anesthesiology Class (ASA-II), are eligible for care. Patients with poorly controlled diseases, ASA-III and above are not appropriate for pier-side SDS. Enclosure (1) is a list of ASA criteria.

(3) Surgical procedures should be of a relatively minor nature. Enclosure (2) is a list of approved procedures for pier-side SDS. There is no limit to the types of analgesia/anesthesia provided. The Fleet Surgical Team should be proficient in providing any type of analgesia/anesthesia they may be required to provide at sea to include local, spinal, IV conscious sedation or general anesthesia.

(4) The patient must have a responsible adult available to accompany him/her home.

(5) All Active Duty members shall obtain permission from their command to receive any elective surgery. Convalescent leave should be prepared in advance. The Command Approval Form is enclosure (3).

c. Admission Procedure Requirements

(1) All patients shall normally be pre-admitted to the SDS unit between 2-30 days prior to surgery. Healthy patients requiring no LAB, EKG or X-rays may be added the day before surgery on a case by case basis. The operating physician shall prepare:

(a) Command Authorization/Approval Form, enclosure (3).

(b) Doctors Orders (SF-508), enclosure (4).

(c) Abbreviated Medical Record (SF-539), enclosure (5).

(d) Request for Administration of Anesthesia and Performance of Operations and Other Procedures (SF-522), enclosure (6).

(2) The patient shall be seen by the FST Nurse for pre-admission processing. The nurse shall ensure that the patient:

(a) Has labs drawn, as required per doctor's orders.

(b) Is given chits for EKG/X-rays as required.

(c) Receives pre-operative teaching/instructions.

(d) Receives a pre-operative work-up by the anesthesia provider.

(e) Signs a Request for Administration of Anesthesia and for Performance of Operations and Other Procedures (SF-522).

(3) Other items that should be considered when pre-admitting a patient to the SDS unit.

(a) All patients shall have an Abbreviated Medical Record, enclosure (5), completed within 30 days of surgery. The

COMPHIBGRUTHREEINST 6460.1A

Abbreviated Medical Record should be updated as appropriate if greater than 30 days old.

(b) Chest x-rays are required only if indicated.

(c) EKG required only if indicated, within six months of surgery.

(d) Laboratory examinations are required per doctors order.

d. Day of Surgery

(1) A patient's identification band shall be placed on the patient's wrist.

(2) Height, weight, and vital signs shall be obtained.

(3) Nursing assessment shall be completed and any irregularities or concerns reported to the operating physician.

(4) Patients are required to present pre-approved convalescent leave papers from their Command.

e. Recovery / Post Anesthesia Care

(1) Patients shall be monitored closely following anesthesia. If any of the following is discovered, the operating physician shall be notified at once.

(a) Abnormal vital signs

(b) Requirement for supplemental oxygen

(c) Excessive sedation

(d) Excessive bleeding

(e) Suspected adverse reactions to medications

f. Discharge Criteria

(1) Discharge criteria shall be met as follows:

(a) The patient has sufficiently recovered from sedative and anesthetic medications and is independent from therapeutic measures done by nursing or other support services.

(b) Body systems and physiologic parameters are stable (i.e., vital signs stable, voided, nausea and emesis minimal).

(c) There is evidence that the patient and family are coping well with surgery.

(d) The patient has received a written copy of the discharge instructions and has signed the bottom signifying understanding of the content.

(e) Pain is well controlled and patient has not received a parenteral or oral medication within 60 minutes prior to discharge.

(f) Patient has remained in SDS post-operatively for a minimum of one hour (unless otherwise indicated by the operating physician), and at least two sets of vital signs have been taken.

(g) Patient must be accompanied by a responsible adult and should have overnight supervision. This becomes particularly important when the patient lives alone, in the barracks or aboard ship.

(2) Convalescent leave papers have been endorsed by parent command and are delivered to member prior to discharge.

(3) Prior to discharge, the physician shall complete the SDS Post-Op Orders/Doctor's Orders (SF-508), enclosure (7), disposition cover sheet, and narrative summary.

(4) If the patient does not meet discharge criteria by close of business on day of surgery, appropriate members of the Fleet Surgical Team (at least the recovery room nurse with a corpsman and possibly the anesthetist and the operating physician) shall remain onboard until the patient is discharged. Overnight admission to the ship's medical ward may be appropriate in some cases. If the patient has a serious complication from surgery or experiences a significant delay in recovery from anesthesia, the operating physician may decide that the patient should be transferred to Naval Medical Center San Diego by ambulance. In this case, the operating physician shall ensure the following items are accomplished:

COMPHIBGRUTHREEINST 6460.1A

- (a) Obtain accepting physician.
- (b) Call for ambulance.
- (c) Send copy of records with transfer narrative summary with patient.
- (d) Notify ship's XO/CO.
- (e) Notify CATF Surgeon who will notify CPG-3 Medical Officer.
- (f) The operating physician shall accompany the patient to NMCSO. If other patients remain on the ward and require the presence of a Medical Officer, the operating physician shall arrange for his/her relief by calling another physician, by calling the CATF Surgeon or by calling the Group Medical Officer.

4. Action. All Fleet Surgical Teams and LHA/LHD class amphibious assault ships will comply with the policies and guidance contained in this instruction.

T. P. LABRECQUE
Chief of Staff

Distribution:
COMPHIBGRUTHREEINST 5216.1W
List 1-6

